Afshin K. Hannani, MD
MERCER RENAL ASSOCIATES, PA
1345 Kuser Road, Suite 2 Hamilton, NJ 08619 (609)585-1344

Last Name: (please write above the line) First Name: M.I.

Address: Street (please write above the line) City/State: Zip:

Date of Birth: (please write above the line) Gender: Marital Status:

Race: Ethnicity:

Home: Cell: SSN:

Do you have any allergies? Yes No If yes, please List:

Emergency Contact: Name & Relationship (please write above the line) Number:

Pharmacy Number:
If you have OptumRx, Express Scripts or any mail order prescriptions please indicate above.

Does your insurance require a referral? Yes No

Primary Care Doctor:

Care Team: (please list any other doctors you see)

Current Medication:

Activate MyChart? Yes No Email Address:

**For any patient that has Medicare Insurance please see attached sheet to fill out the Medicare Secondary Payor Questionnaire. This questionnaire is mandatory for all Medicare members. If you need help with the questions please ask the Receptionist. **

PLEASE PRESENT YOUR INSURANCE CARD(S) TO THE RECEPTIONIST FOR PHOTOCOPYING. THANK YOU.

X: Date:
Signature of Patient or Patient's Representative: (please write above the line)